

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045263

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11842 STATE FILE NUMBER

FILED DEC 5 1963

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sh Louis, Mo Length of stay in 1b 18 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Inside Limits Yes ☐ No ☐ d. STREET ADDRESS (If outside, give location) 412 Summit Inside Limits Yes ☐ No ☐

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year

RAYMOND R. BREWER 11-29-63

5. SEX Male 6. COLOR OR RACE White 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH 11-23-1889-74 9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Sylvan, Penn. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Irving Brewer 13b. MOTHER'S MAIDEN NAME Mary Jane Winger NAME OF HUSBAND OR WIFE Constance Salstad Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Jack Cox, Decatur Ill. Address

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LYMPHO SARCOMA 2001

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-14-63 to 11-29-63 and last saw her alive on 11-29-63 Death occurred at 8:13 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS BARNES HOSPITAL 22c. DATE SIGNED 11-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12-2-63 23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery 23d. LOCATION (City, town, or county) (State) Decatur Macon Ill.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Dawson W. Wicoff Decatur, Ill. DEC 2 1963 Road Smith. M.D.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-14-63 to 11-29-63 and last saw her alive on 11-29-63 Death occurred at 8:13 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS BARNES HOSPITAL 22c. DATE SIGNED 11-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12-2-63 23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery 23d. LOCATION (City, town, or county) (State) Decatur Macon Ill.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Dawson W. Wicoff Decatur, Ill. DEC 2 1963 Road Smith. M.D.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-14-63 to 11-29-63 and last saw her alive on 11-29-63 Death occurred at 8:13 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS BARNES HOSPITAL 22c. DATE SIGNED 11-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12-2-63 23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery 23d. LOCATION (City, town, or county) (State) Decatur Macon Ill.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Dawson W. Wicoff Decatur, Ill. DEC 2 1963 Road Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, *Not*  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James F. Gendron*

Licensed Embalmer No. 7586

P. O. Address Altam, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.